

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009575

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 328

Primary Registration District No. 4485-

Registrar's No. 8

FILED FEB 27 1962

## 1. PLACE OF DEATH

a. COUNTY

Scott

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Illmo

Length of stay in 1b

Since 9/12

## 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Scott

c. CITY  
OR TOWN

Illmo

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

at H. Elliott home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

ELLA

Middle

AUGUSTA

Last

OLIVER

## 4. DATE OF DEATH

Month

Feb 11, 1962

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Oct 22, 1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Cook

10b. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (City and state or country)

Buckskin Ind

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Ohning

13b. MOTHER'S MAIDEN NAME

Elizabeth Buckwinkle

14. NAME OF HUSBAND OR WIFE

Jack Oliver, Decd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mozelle Bush Illmo. Mo

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute &amp; Chr. congestive heart failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Lft. Bundle branch block

DUE TO (c)

arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

s.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/26/62

to

2/11/62

and last saw her

alive on 2/4/62

Death occurred at

49

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. H. Kernis M.D.

22b. ADDRESS

Cape Girardeau, Mo

22c. DATE SIGNED

2/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-15-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Cape Girardeau, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

BISPLINGHOFF FUNERAL HOME

Illmo

25. DATE RECD. BY LOCAL REG

Feb. 19-1962

26. REGISTRAR'S SIGNATURE

Mrs. Fred Bisplinghoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Oliver Carmel*

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above **MUST** BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.